

Academic Accommodation Appeal Form

PERSONAL INFORMATION

Student Number: _____ Degree: _____
Last Name: _____ First Name: _____

CURRENT ADDRESS

Street Address: _____ Apt. Number: _____
City: _____ Province: _____ Postal Code: _____
BU Email: _____ Phone Number: _____

Faculty/School or Student (Respondent)

Date of Reconsideration Decision

Will you be accompanied by a spokesperson? Yes No

Will this spokesperson be a lawyer? Yes No

Name of Spokesperson: _____ Position: _____

Mailing Address: _____
Street City/Province Postal Code

Phone Number: _____ Email: _____

INDICATE THE GROUNDS FOR APPEAL – see Section 3.2 of the Student Accessibility Appeal Procedure

IF THE APPELLANT IS A STUDENT:

Failure of Judgement: they believe that the decision made by the SAS Coordinator was incorrect in their judgment regarding the need for, application of, or implementation of an accommodation.

Failure of Process: they believe the decision made by the SAS Coordinator was incorrect due to a failure on their part or the part of SAS to dutifully perform the process of determining eligibility, or determining a reasonable accommodation.

Failure of Information: they believe the determination made by the SAS coordinator was incorrect due to a lack of information, or documentation. Generally speaking, the failure of information is informally handled by the student providing updated or requested documentation.

IF THE APPELLANT IS A FACULTY MEMBER:

Compromising Academic Standards: they believe that the decision made by the SAS Coordinator would undermine Bona Fide Academic Requirements or Essential Skills of the program/course. The onus is on the Faculty Member to establish how the standards would be compromised by providing the accommodation. The Faculty Member must be able to demonstrate a substantial, viable and direct connection to the student and the proposed accommodation.

YOU MUST INCLUDE:

- A letter to the Chair clearly explaining the grounds for the appeal and stating the requested outcome
- A copy of the letter of decision from the reconsideration
- A copy of all the documentation submitted for reconsideration
- A copy of the information provided to SAS used in accessing the accommodation request

By signing this form, I acknowledge that I have read the Brandon University Academic Accommodation for Students with Disabilities Policy & Procedure and the Academic Accommodation for Students with Disabilities Appeal Procedure.

<https://www.brandonu.ca/ama/buaccessibilitypolicies/>

Signature of Appellant

Date

Return completed form to the Senate Office
Room 119-1, A.E. McKenzie Building
email: senate@brandonu.ca

This personal information is being collected under the authority of the Brandon University Act and it will be used to process your appeal. The information you provide will be used only for the purpose for which it is collected, unless you consent or we are authorized to do so under The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Dean of Students at (204) 727-9635.